

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date:: 04/08/2005

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: NO

Number of Copies of CRF::

Title:: METHOD FOR ENRICHING ADHERENT  
MONOCYTE POPULATIONS

Attorney Docket Number:: 031210-039

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Middle Name:: J.

Family Name:: WAGNER

Name Suffix::

City of Residence:: Columbia

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 8832 Besthold Garth

City of Mailing Address:: Columbia

State or Province of Mailing Address:: MD

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 21045

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Andrew

Middle Name::

Family Name:: MYRUP

Name Suffix::

City of Residence:: Silver Spring

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 15221 Watergate Rd.

City of Mailing Address:: Silver Spring

State or Province of Mailing Address:: MD

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 20905

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christina
Middle Name::	
Family Name::	CELLUZZI
Name Suffix::	
City of Residence::	Columbia
State or Province of Residence::	MD
Country of Residence::	US
Street of Mailing Address::	10800 Bird Song Pass
City of Mailing Address::	Columbia
State or Province of Mailing Address::	MD
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	21044

### **Correspondence Information**

Correspondence Customer Number::	21839
Phone Number::	(703) 836-6620
Fax Number:	(703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
US2003/031759	National Stage of	60/416,527	10/08/2002

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
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## **Assignee Information**

Assignee Name::	American National Red Cross
Street of Mailing Address::	15601 Crabbs Branch Way
City of Mailing Address::	Rockville
State or Province of Mailing Address::	MD
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	20855